and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

PART B - FEE(S) TRANSMITTAL

	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.										
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 06/15/2009					Fee(pape	s) Transmittal. The ers. Each additiona	is certific I paper,	cate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must	
	Robert C. Fabe Ostrolenk, Faber 1180 Avenue of New York, NY	er r, Gerb & Soffen, L the Americas				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Units States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE address above, or being facsimitransmitted to the USPI'O (571) 273-2885, on the date indicated below.					
09/18/2009 CCHAU2 00000042 10723911						Rowert C. Faher			(Depositor's name)		
02 F	C:1501 C:1504	1510.00 300.00	ΠP				Septembe	r 1	5, 2009	(Signature)	
03 F	:809PPLICATION NO.	FILING 18400	OP	<u> </u>	FIRST NAMED INVEN	ΓOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
	TITLE OF INVENTION				<u> </u>			· · · · · · · · · · · · · · · · · · ·			
	APPLN. TYPE	SMALL ENTITY	18	SUE FEE DUE	\$0\$ 300		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE		
	nonprovisional NO		\$1510		30 300	50 — \$0			- \$1510 - \$ 1810	09/15/2009	
	EXAMINER		ART UNIT		CLASS-SUBCLASS						
	BOSWELL, CHRISTOPHER J 1. Change of correspondence address or indication			3673	070-057100						
	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON 13				or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for										
	recordation as set forth in 37 CFR 3.11. Completion of this form is NO (A) NAME OF ASSIGNEE				T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
	VIVA ONETIME LIMITED				DAMANAG						
	VIVA ONETIME LIMITED BAHAMAS Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Corporation or other private group entity									. 🗀 -	
	4a. The following fee(s):	are submitted: To small entity djscount p	nitted: 4b			Plea ed. care	se first reapply ar I. Form PTO-2038 authorized to char	y previous is attach	ously paid issue fee hed. quired fee(s), any de	shown above)	
	5. Change in Entity Stat	tus (from status indicated	i above		overpayment, to D	Cpos	a recount runne		(enctose a	in extra copy of this form).	
	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
	NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Parent and Trademark Office.										
	Authorized Signature	- Jarry	/(_	your	<u> </u>		Date _Sep	teml	ber 15, 2	2009	
	Typed or printed name	or printed name Robert C.				Registration No. 24,322					
	an application Confident	Balliv is coverned by 33	11 \	1//and 3/ (1942)	I Id Thie collection is	and i	mated to take 17 m	vaivanteen Le	a aanaanlata inalaali.	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O.	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.